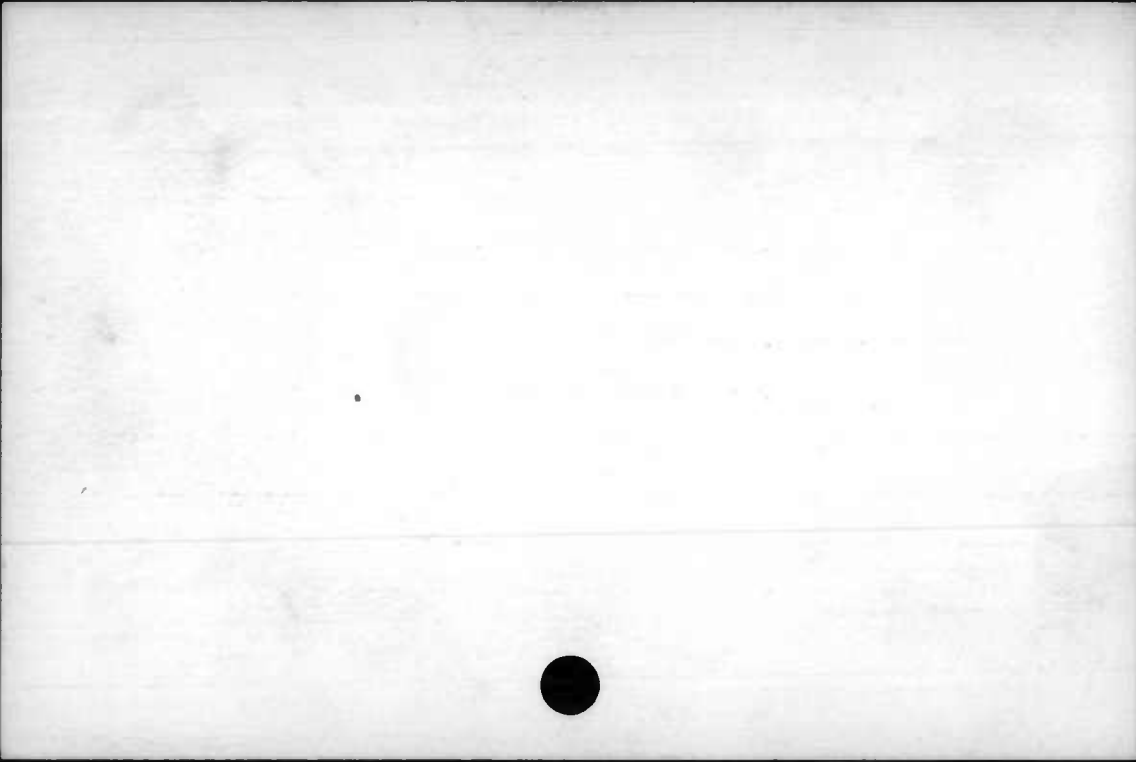


Name in Full		Chance		CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town		County	
	Mts. Park md		Ymms			
	Date of death		Month	Day	Years	
	1905		May			
	Sex	Color or Race	Birth-place			
	Ym	White				
	Occupation	Where Residing if not at place of death				
Married, Single or Widowed		Name of Wife or Husband				
Father's Name		J. R. Chance		Father's Birthplace		
Mother's Maiden Name		Kate Vansant		Mother's Birthplace		
Name of person giving information		Foster		How related to deceased		
CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary		How long			
	Immediate		How long			
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician			
	Accident or Suicide?		Address			



Name

in
Full

CERTIFICATE OF DEATH

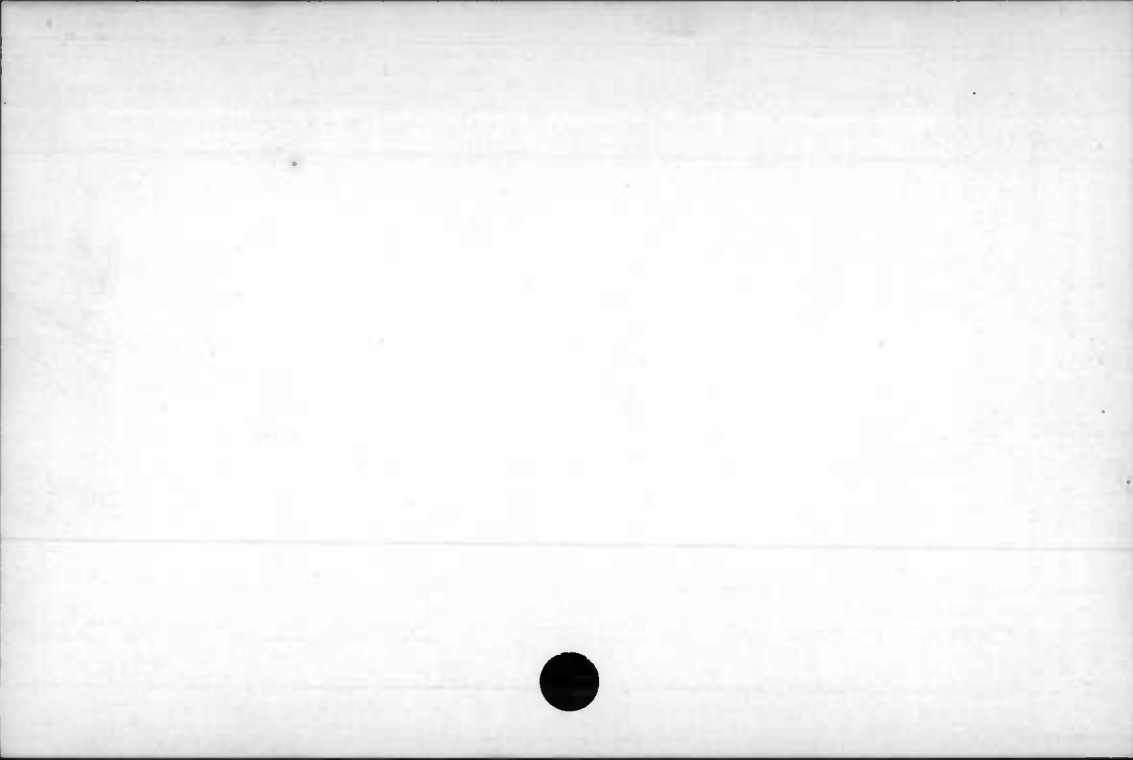
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Oakland</u>		County <u>Sarrell</u>		MARYLAND	
Date of death 190	5	Month	May	Day	13
Age	3	Years	6	Months	
Sex	Female	Color or Race	White	Birth-place	Oakland
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Diphtheria	How long	Don't know
Immediate	Acute nephritis	How long	10 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

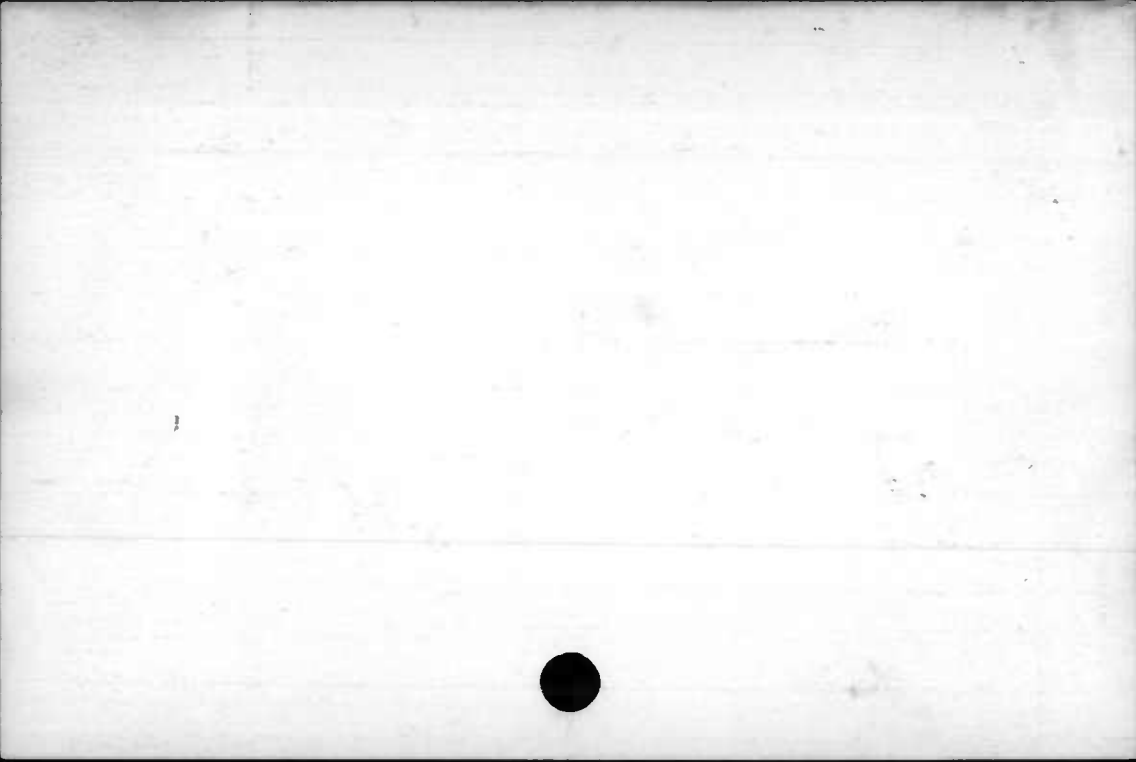
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1905-May		24	24	83	5		
Sex	Male	Color or Race	White	Birth-place	Ireland		
Occupation	Rail Road			Where Residing if not at place of death	Deer Park		
Married Widowed	Name of Wife or Husband			don't know			
Father's Name					Father's Birthplace		
					Ireland		
Mother's Maiden Name					Mother's Birthplace		
					" "		
Name of person giving information					How related to deceased		
J. L. Auger							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	old age	How long	15 1/2	How long	3 years
Immediate					
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician		
			Address		
Accident or Suicide?					



Name
in
Full

Maria K. Myers

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1905		May	27	61	2	23	
Sex	Female	Color or Race		White American		Birth-place	
Occupation		Farmer		Where Residing if not at place of death		Garret Co S. Va	
Married, Single or Widowed		Name of Wife or Husband		J S Myers			
Father's Name		Chamuel Syppott		Father's Birthplace			
Mother's Maiden Name		Laura Messenger		Mother's Birthplace			
Name of person giving information		J S Myers		How related to deceased		Husband	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Hepatic Abscess	<input checked="" type="checkbox"/>	How long
Immediate			How long

Are the name, age, sex, color, date and place correctly given above?

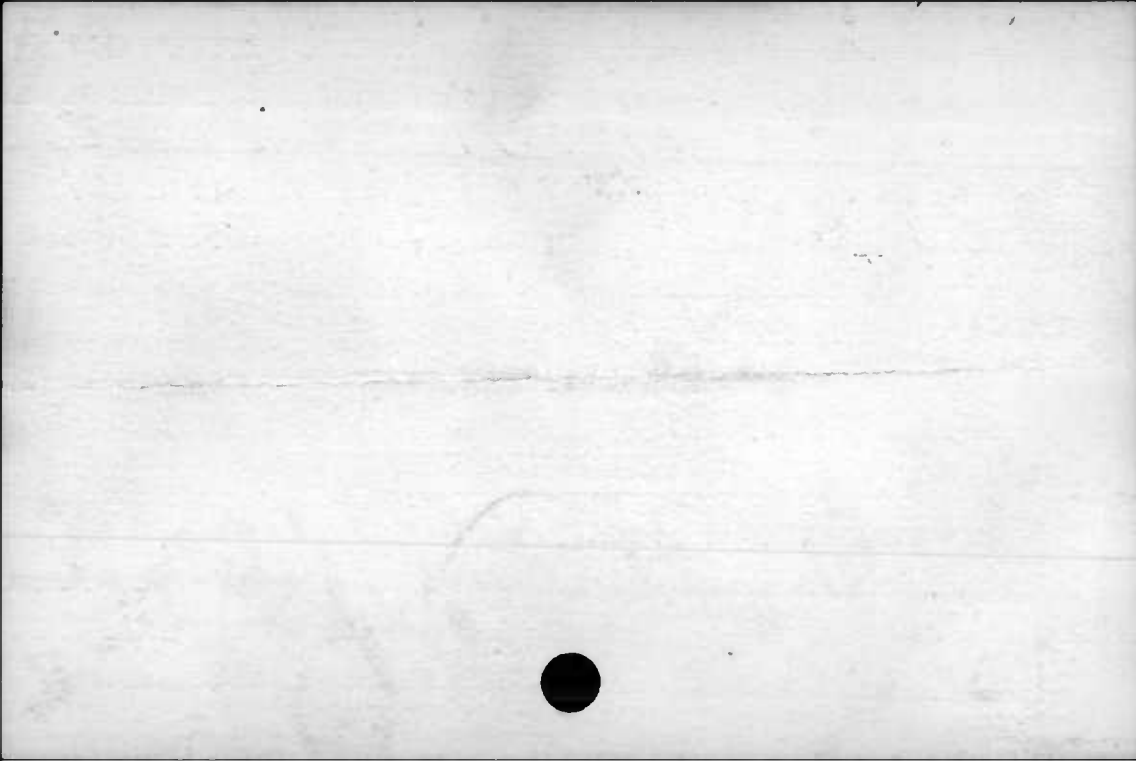
yes

Signature of Physician

Address

Hubert Selby
Eglen N Va

Accident or Suicide?



Name
in
Full

Marry Peck

CERTIFICATE OF DEATH

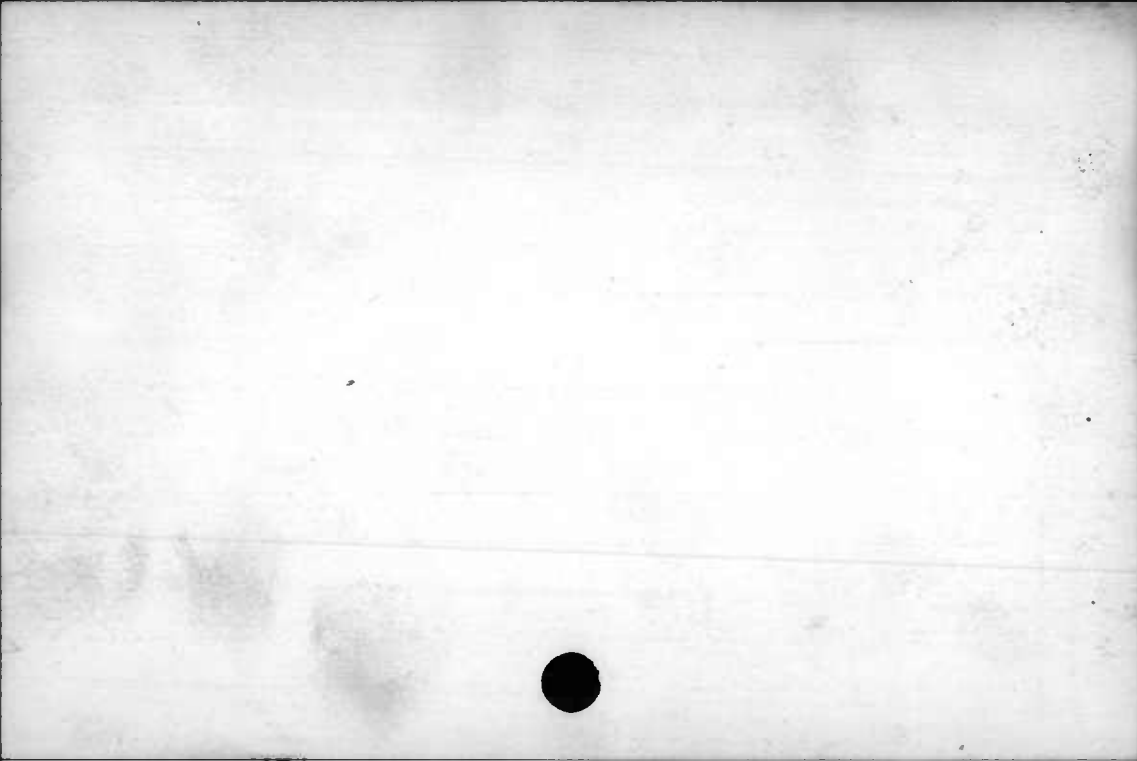
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>McHenry</i>		County <i>Garrett</i>		MARYLAND	
Date of death	1905	Month	May	Day	1
Age	31	Years		Months	
Sex	female	Color or Race	white	Birth-place	Bettinger
Occupation	house wife	Where Residing if not at place of death	McHenry		
Married, Single or Widowed	Single	Name of Wife or Husband	Samuel Peck		
Father's Name	John Tinsbury	Father's Birthplace	Ind		
Mother's Maiden Name	Mrs	Mother's Birthplace	Ind		
Name of person giving information	Wiles Richard	How related to deceased	son		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Confinement taken cold	How long	9 days & sick
Immediate	inflammation of womb	How long	treble 6 hours
Are the name, age, sex, color, date and place correctly given above?	white	Signature of Physician	J D Newman
Age	31 years	Address	Oakland Garrett Co MD
Accident or Suicide?			



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

MARYLAND

Died at

Joseph A. Spiker
Rock Lynn Garrett

Town

County

Date

of death

1905 May

Month

Day

5

Age

Years

82

Months

5

Days

Sex

Male

Color or
Race

white

Birth-
place

Md

Occupation

None

Where Residing if not
at place of death

Married, Single
or Widowed

married

Name of Wife or
Husband

Sallie Spiker

Father's
Name

—

Father's
Birthplace

—

Mother's
Maiden Name

Mother's
Birthplace

—

Name of person giving
information

L. Cullen

How related
to deceased

Son in law

CAUSES OF DEATH

Primary

Senility

How long

Immediate

Exhaustion

How long

16 hours

Are the name, age, sex, color, date
and place correctly given above?

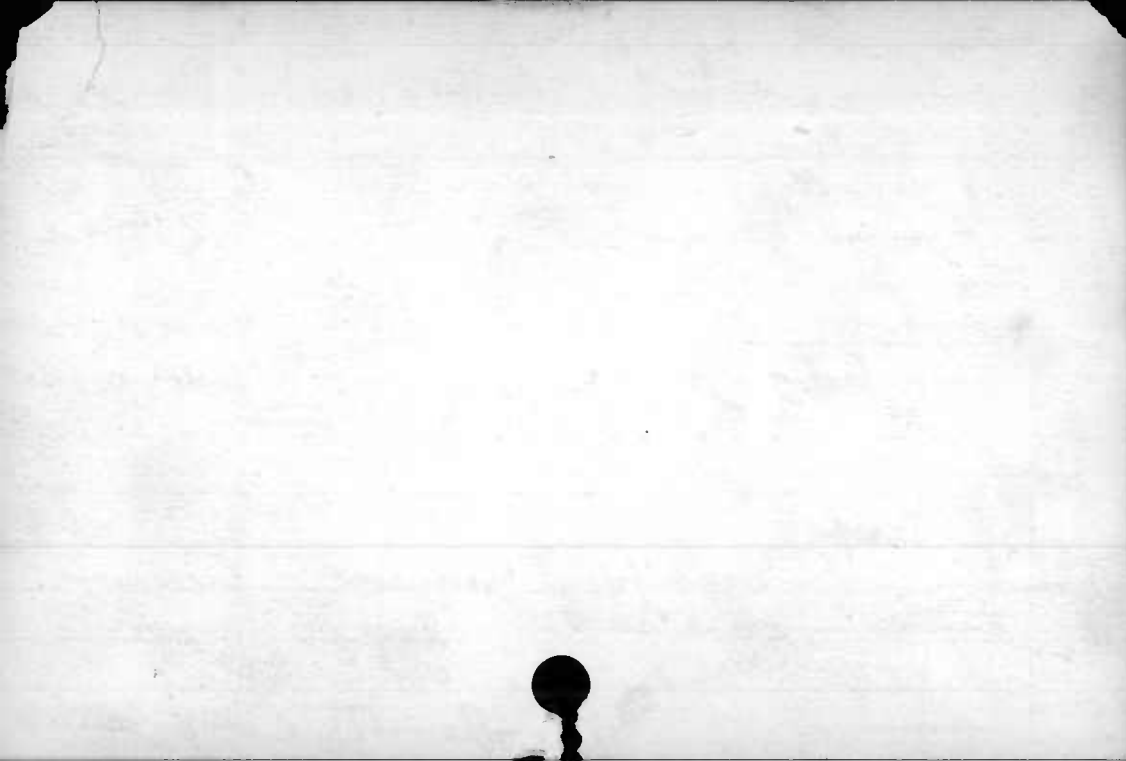
Signature of
Physician

Address

J. E. Legg
Cablewood
Md

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Cynthia Thompson

CERTIFICATE OF DEATH

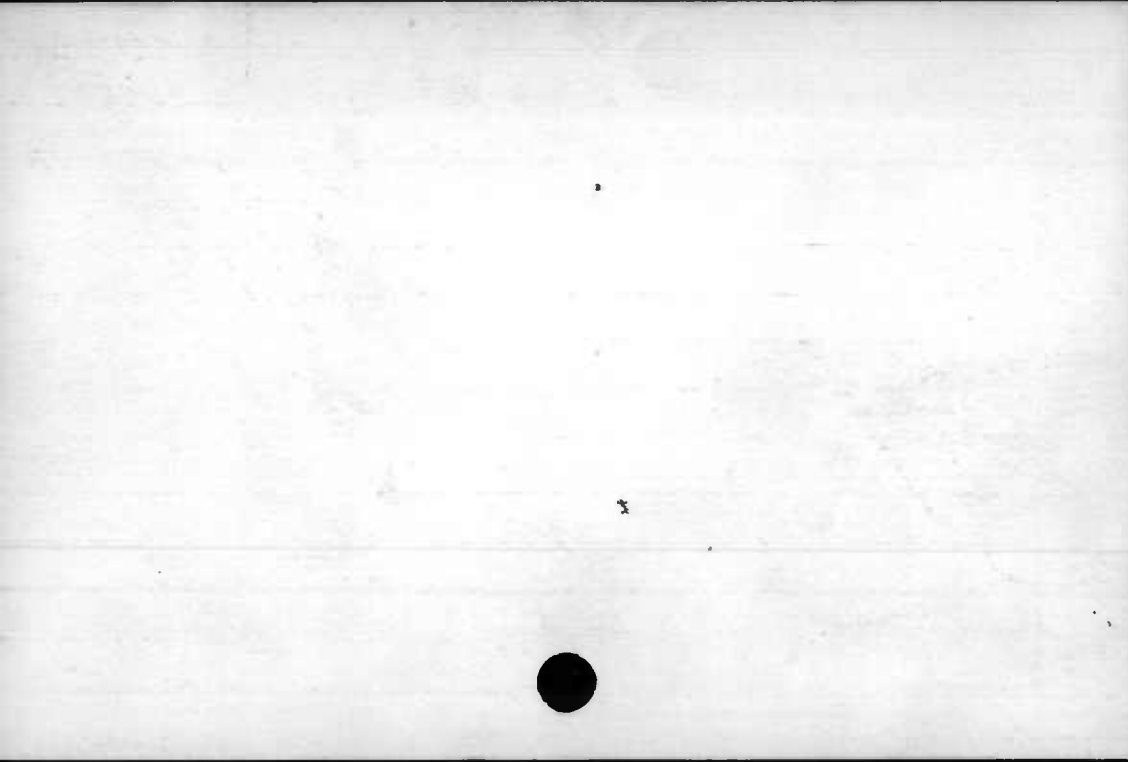
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near oakland</i>		Town <i>Garrett</i>		County <i>co</i>		MARYLAND	
Date of death	1905	Month	May	Day	19	Years	76
Sex	Female		Color or Race	white		Birth-place	Garrett
Occupation	House women			Where Residing if not at place of death		Garrett co md	
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Lewis Thompson					Father's Birthplace	near oakland
Mother's Maiden Name	Betty Garner					Mother's Birthplace	near oakland
Name of person giving information	A. H. W. Schiller					How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Insanity</i>		How long	<i>4 months</i>
Immediate	<i>Erysipelas & Gangrene</i>		How long	<i>treacher 3</i>
Are the name, age, sex, color, date and place correctly given above?		<i>white</i>	Signature of Physician	<i>J. S. McCombs</i>
<i>age 75 years & 26 days</i>		Address	<i>oakland Garrett co md</i>	
Accident or Suicide?				



Name
in
Full

CERTIFICATE OF DEATH

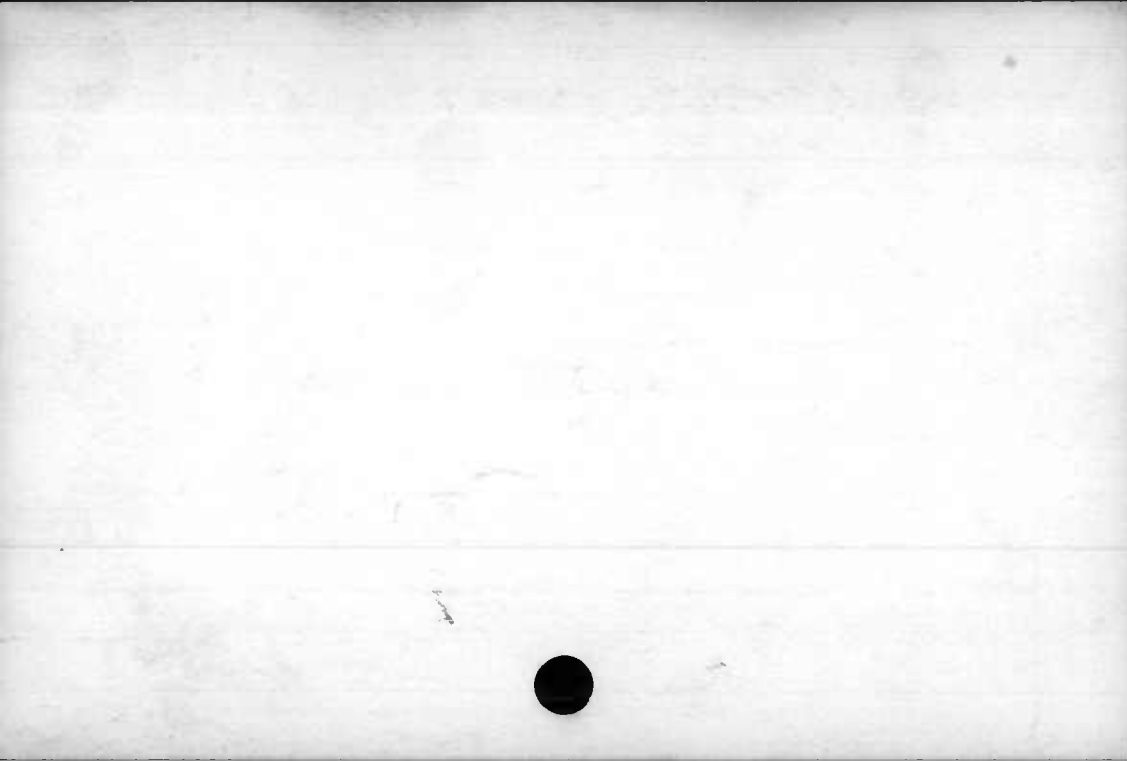
TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Name in Full <i>Annie Vogle</i>		Town <i>Branzburg</i>		County <i>Garret</i>			
Died at <i>Branzburg</i>							
Date of death <i>1905</i>		Month <i>May</i>	Day <i>23</i>	Years <i>28</i>	Months <i>4</i>	Days <i>—</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birthplace <i>Branzburg</i>			
Occupation <i>Wife</i>			Where Residing if not at place of death <i>Home</i>				
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Henry Fogle</i>					
Father's Name <i>John Youmer</i>		Father's Birthplace <i>Germany</i>					
Mother's Maiden Name <i>Nora Youmer</i>		Mother's Birthplace <i>Branzburg</i>					
Name of person giving information <i>Dr. Louisa Lang</i>		How related to deceased <i>no</i>					

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <i>Lagrippe</i>	How long <i>4 mo</i>
	Immediate <i>Tuberculosis</i>	How long <i>2 mo</i>
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. B. Louisa Lang</i>
	Address <i>Branzburg</i>	
Accident or Suicide? <i>No</i>		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} *New Orleans Md*County *Yonkers*Date
of death *1905*Month *May*Day *31*

Age

Years *—*Months *8*Days *—*Sex *Female*Color or
Race*white*Birth-
place*Orleans Md*Occupation *—*Where Residing if not
at place of death *—*Married, Single
or Widowed *—*Name of Wife or
Husband *—*Father's
Name*Roy Winters*Father's
Birthplace*W Va*Mother's
Maiden Name*Helen Moon*Mother's
Birthplace*Md*Name of person giving
information*Grandfather*How related
to deceased *—*

CAUSES OF DEATH

Primary

Pertussis

How long

3 weeks

Immediate

Pneumonia

How long

*2 days*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician

Address

*M. C. Hurlbath**Orleans
Md*

Accident or Suicide?

